

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☒ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>AVITUS GROUP 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BETTER BUSINESS SYSTEMS, INC.</u> <u>AVITUS GROUP</u> <u>P.O. BOX 2506</u> <u>BILLINGS, MT 59103</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>81-0509024</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>406-255-7470</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-0509024</u>	2c Plan Sponsor's telephone number <u>406-255-7470</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>81-0509024</u>					
2c Plan Sponsor's telephone number <u>406-255-7470</u>					
2d Business code (see instructions) <u>561300</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	JJ HUTZENBILER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	4278
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	3698
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	35
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan AVITUS GROUP 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 BETTER BUSINESS SYSTEMS, INC.	D Employer Identification Number (EIN) 81-0509024	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	417054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SLAVIC MUTUAL FUND MANAGEMENT

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	79647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AVITUS

81-0509024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	42601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GLOBAL RETIREMENT PARTNERS, LLC

4340 REDWOOD HIGHWAY, SUITE B6
SAN RAFAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	33185	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BKS

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INV ADVISORY	24230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WEINSTEIN ZUGMAN, LLC

20-0453834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	WEINSTEIN ZUGMAN, LLC	b EIN:	20-0453834
c Position:	ACCOUNTANT		
d Address:	6301 NW 5TH WAY, SUITE 4200 FORT LAUDERDALE, FL 33309	e Telephone:	954-351-9000

Explanation: CHANGE IN AUDITOR DUE TO NEW MANAGEMENT DECISION TO UTILIZE AUDITING FIRM THAT CONDUCTS THE COMPANY'S BENEFIT AUDITS.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>AVITUS GROUP 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BETTER BUSINESS SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>81-0509024</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	209201
(2) Participant contributions.....		1b(2)	372511
(3) Other		1b(3)	18259
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	1291508
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	0
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	89311066
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	91202545 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	91202545 0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2482915
	(B) Participants	2a(1)(B)	7120464
	(C) Others (including rollovers).....	2a(1)(C)	959991
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10563370
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	59350
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	59350
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1089726
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1089726
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10991564
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22704010

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13706341	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13706341
f Corrective distributions (see instructions)	2f		38472
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	15000	
(2) Contract administrator fees	2i(2)	459655	
(3) Investment advisory and management fees	2i(3)	137063	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		611718
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14356531

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8347479
l Transfers of assets:			
(1) To this plan.....	2l(1)		59114
(2) From this plan	2l(2)		99609138

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **METZ & ASSOCIATES, PLLC**

(2) EIN: **46-4558541**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		807198

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FOCUS ALASKA 401(K)	82-3434282	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
CHAMPIAN 401K	35-2178629	333
FIRST CALL, INC. 401K PLAN	45-2620865	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DIABLO ORTHOPEDIC CONSULTANTS 401K PLAN	81-1244786	001
FIRE & ICE HEATING AND COOLING 401(K) PLAN	20-8212036	001
LAUDEN LLC 401(K) PLAN	45-4123764	003
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
STACEY MILLER, DDS, INC RETIREMENT TRUST	30-3741271	001
ROOM 214 401(K) PLAN	20-4465500	001
INSPERITY 401(K) PLAN	76-0178498	001
BROOKS BROTHERS CABINETRY, INC. 401(K) PROFIT SHARING PLAN	20-1747781	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan AVITUS GROUP 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 BETTER BUSINESS SYSTEMS, INC.		D Employer Identification Number (EIN) 81-0509024
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0708495		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

b The corresponding number for the second preceding plan year.....

15a	
15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16a	
16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

AVITUS GROUP 401(K) RETIREMENT PLAN

Financial Statements
December 28, 2020 and December 31, 2019



AVITUS GROUP 401(K) RETIREMENT PLAN
TABLE OF CONTENTS
December 28, 2020 and 2019

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Schedule H, Line 4a Schedule of Delinquent Participant Contributions	9
Note:	
All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for reporting and Disclosure under the Employee Retirement Income Securities Act of 1974 have been omitted because they are not applicable.	



INDEPENDENT AUDITORS' REPORT

To the Participants in and Administrator of
Avitus Group 401(k) Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Avitus Group 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 28, 2020 and the related statement of changes in net assets available for benefits for the period then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Avitus Group 401(k) Retirement Plan as of December 28, 2020, and the changes in net assets available for benefits for the period then ended, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note H to the financial statements, Better Business Systems, Inc. adopted a resolution to merge Avitus Group 401(k) Retirement Plan into Vensure Employer Services, Inc. 401(k) Profit Sharing Plan effective December 28, 2020.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the period ended December 28, 2020 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by other auditors whose report dated September 28, 2020 expressed that the financial statements present fairly, in all material respects, the net assets available for benefits of Avitus Group 401(k) Retirement Plan as of December 31, 2019.

Metz & Associates PLLC

Phoenix, Arizona
October 12, 2021

AVITUS GROUP 401(K) RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 28, 2020 and December 31, 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 0	\$ 89,311,066
Receivables:		
Employer contributions	0	209,201
Participant contributions	0	372,511
Other	0	18,259
Notes receivable from participants	0	1,291,508
Total Receivables	0	1,891,479
NET ASSETS AVAILABLE FOR BENEFITS	\$ 0	\$ 91,202,545

See accompanying notes to financial statements.

AVITUS GROUP 401(K) RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
Period Ended December 28, 2020

ADDITIONS

Investment income:

Net appreciation in fair value of investments	\$ 10,991,564
Interest and dividend income	<u>1,149,076</u>
	12,140,640

Contributions:

Employer	2,482,915
Participant	7,120,464
Other including rollover	<u>959,991</u>
	10,563,370

TOTAL ADDITIONS	22,704,010
-----------------	------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	13,744,813
Administrative expenses	<u>611,718</u>

TOTAL DEDUCTIONS	14,356,531
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NET INCREASE	8,347,479
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TRANSFERS OF ASSETS TO THIS PLAN	59,114
TRANSFERS OF ASSETS FROM THIS PLAN	(99,609,138)

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<u>91,202,545</u>
END OF YEAR	<u><u>\$ 0</u></u>

See accompanying notes to financial statements.

AVITUS GROUP 401(K) RETIREMENT PLAN
Notes to Financial Statements
December 28, 2020 and December 31, 2019

NOTE A – DESCRIPTION OF PLAN

The following description of the Avitus Group 401(k) Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

History – The Plan became effective January 1, 2003 by Better Business Systems, Inc. D/B/A Avitus Group (the "Plan Administrator").

General – The Plan is a multiple-employer defined contribution plan sponsored by Better Business Systems, Inc. ("Company"). The plan covers all eligible employees of participating employers as outlined in the participating employers' participation agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan.

Contributions – Each year, participants may contribute from 1% to 98% of pretax annual compensation (as defined in the Plan) up to the limits defined by law. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into the investment options offered by the Plan. The Plan currently offers selected mutual funds as investment options for participants. Employer matching and/or profit sharing contributions are determined by each participating employer. Contributions are subject to certain limitations as defined by the Plan. Employer contributions for the period ended December 28, 2020 totaled \$2,482,915.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings (losses), and charged with an allocation of administrative expenses, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the participating employer's matching contributions is based on years of continuous service. Employer contributions vest based on the election of each participating employer with their respective adoption agreement.

Payment of Benefits – On termination of service due to reasons other than death, vested interest will be received by the participant as a lump distribution as soon as administratively feasible after employment is terminated. If vested interest is \$5,000 or more the participant may elect installment payments over a specific period of time. Distributions upon death can be elected, by the beneficiary, as lump sum or equal installment payments.

Notes Receivable from Participant – Subject to certain limitations in the plan document, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions. As of December 28, 2020, there were no participant loans outstanding.

Forfeited Accounts – Any accumulated benefits forfeited during a Plan year due to participant withdrawal prior to full vesting may be applied to reduce employer contributions or to pay administrative expenses which would otherwise be paid by the Plan. Forfeited non-vested accounts totaled \$0 and \$16,998 at December 28, 2020 and December 31, 2019, respectively.

See accompanying notes to financial statements.

AVITUS GROUP 401(K) RETIREMENT PLAN
Notes to Financial Statements
December 28, 2020 and December 31, 2019

NOTE A – DESCRIPTION OF PLAN (continued)

CARES Act – During March 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act"), which included several relief provisions available to tax qualified retirement plans and their participants. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the Plan document. During 2020, the Plan elected to implement the provisions allowing eligible plan participants to request penalty-free distributions of up to \$100,000 before December 31, 2020 for qualifying reasons associated with the COVID- 19 pandemic. During 2020, the Plan also implemented the temporary provisions related to increased participant loan limits and the deferral of certain participant loan repayments.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review – Subsequent events were evaluated through October 12, 2021, which is the date the financial statements were available to be issued.

Basis of Accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 28, 2020 and December 31, 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See "Note F Fair Value Measurements" for discussion of Fair Value Measurements. In accordance with the policy of stating investments at fair value, the Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis. Purchase and sales of securities are recorded on a trade-date basis.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – General administrative expenses of maintaining the Plan are paid by the Company. Investment management, distribution and loan transaction fees are paid by the Plan participants.

NOTE C – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan's sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of whole or partial plan termination; participants would become fully vested as to the amount credited to their accounts after deductions for estimated liquidation and distribution expenses.

See accompanying notes to financial statements.

AVITUS GROUP 401(K) RETIREMENT PLAN
Notes to Financial Statements
December 28, 2020 and December 31, 2019

NOTE D – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities which are exposed to various risks such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term would materially affect participants' account balances as well as the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

NOTE E – TAX STATUS

The Plan uses a volume submitter plan document sponsored by Slavic Integrated Administration, Inc. and has received an advisory letter dated March 31, 2014 from the Internal Revenue Service which states that the specimen plans' form satisfies the applicable provisions of the Internal Revenue Code. The volume submitter advisory letter has been relied upon by the Plan. The Plan administrator believes the Plan is being operated in compliance with the applicable requirement of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 28, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any open tax periods in progress.

NOTE F – FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosures* (ASC 820), provides the framework for measuring fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets
- quoted prices for identical or similar assets or liabilities in inactive markets
- inputs other than quoted prices that are observable for the asset or liability
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

See accompanying notes to financial statements.

AVITUS GROUP 401(K) RETIREMENT PLAN
Notes to Financial Statements
December 28, 2020 and December 31, 2019

NOTE F – FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 28, 2020 and December 31, 2019.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019.

Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Total
Mutual funds	\$ 89,311,066	\$ 0	\$ 89,311,066
Total Investments	\$ 89,311,066	\$ 0	\$ 89,311,066

Transfers between Levels – The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances the transfer is reported at the beginning of the reporting period.

NOTE G – EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Mid Atlantic Trust Company. Mid Atlantic Trust Company is the custodian as defined by the Plan. These transactions are considered exempt party-in-interest transactions. Fees paid for investment management services were included as a reduction of the return earned on each respective fund. The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.

NOTE H – PLAN MERGER

The Board of Directors of the Company adopted a resolution to merge the Avitus Group 401(k) Retirement Plan into the Vensure Employer Services, Inc. 401(k) Profit Sharing Plan ("Vensure") effective December 28, 2020. During 2020 the Plan transferred \$99,609,138 to Vensure.

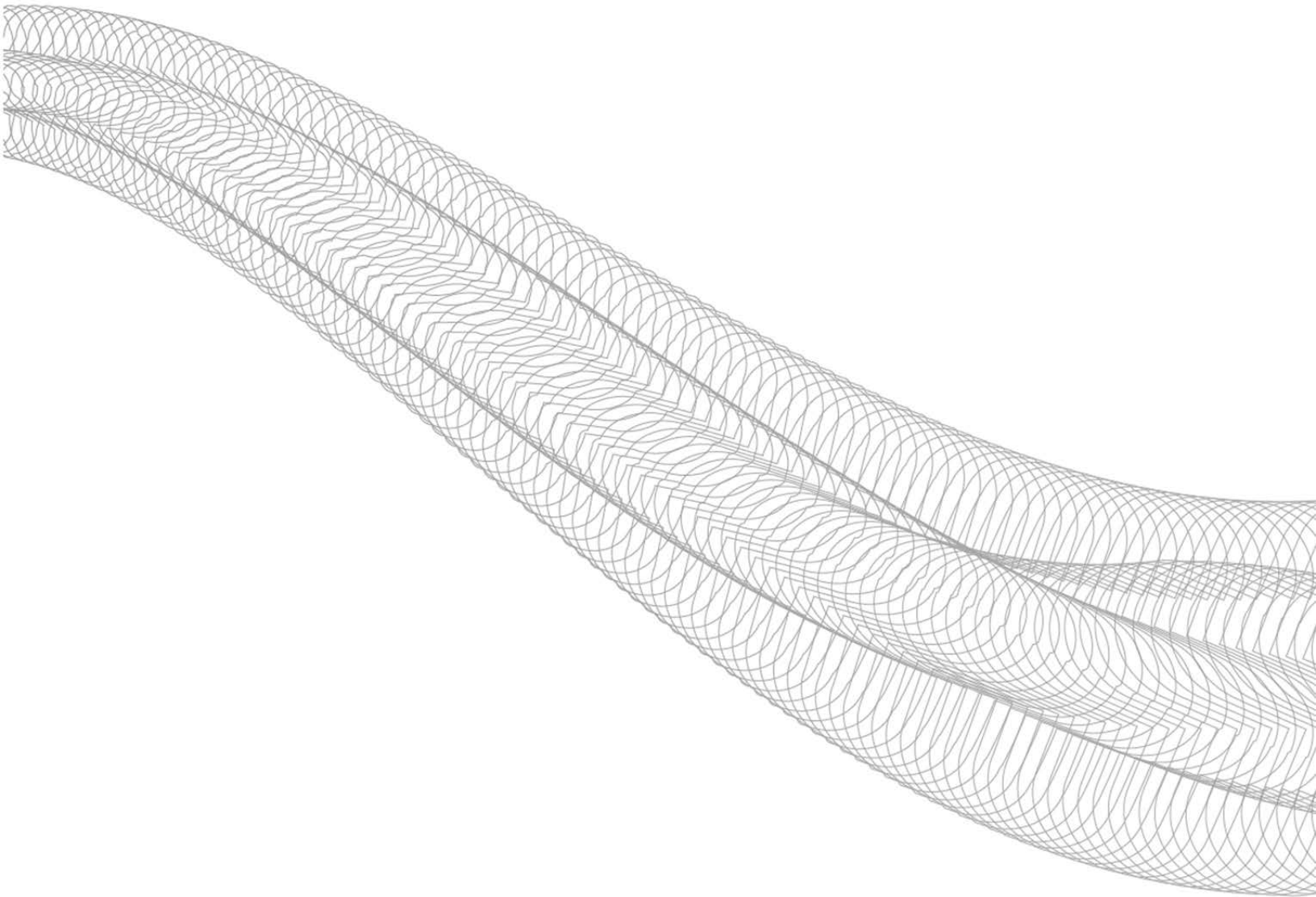
NOTE I – PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO THE PLAN

For the periods ended December 28, 2020 and December 31, 2019, the Company has remitted certain participant contributions and repayment of notes receivable from participants totaling \$448,728 and \$358,470, respectively, to the Plan later than the time frame required by DOL Regulation 32510.3-102.

See accompanying notes to financial statements.

AVITUS GROUP 401(K) RETIREMENT PLAN
EIN: 81-0509024 Plan Number: 333
Schedule H, Line 4a Schedule of Delinquent Participant Contributions
Period Ended December 28, 2020

2020 Form 5500 Line 4 a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total that Constitute Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
\$807,198	Contributions Not Corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if late Participant Loan Repayments are included: ☒	\$448,728	\$358,470		



Phoenix

950 W. Indian School Rd
Phoenix, AZ 85013

Milwaukee

720 N. Milwaukee St.
Suite 300
Milwaukee, WI 53202

New York

175 Varick St.
New York, NY 10014

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

AVITUS GROUP 401(K) RETIREMENT PLAN

PLAN # 333

EIN # 81-0509024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		0.55
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		0.07

Multiple-Employer Plan Participating Employer Information

AVITUS GROUP 401(K) RETIREMENT PLAN PLAN # 333
EIN # 81-0509024

(a) Name of participating employer	(b) EIN	(c) Percent of total contributions
Aabiha Express Courier & Trucking Co., dba Mr. Freight	46-0562166	0.08%
aBCC Erectors, Inc	81-0498921	0.00%
Absolute Duct and Chimney Cleaning, Inc.	82-0627313	0.06%
AC Disaster Consulting	83-2157077	1.16%
Ackley SheetMetal, Inc.	75-3023063	0.08%
Administrative Services, SD LLC	20-0255913	0.00%
Advance International, Inc.	20-3784336	0.02%
Advanced Water Solutions, Inc/Great Western Insulation, Inc.	20-1444779	0.00%
AG Fertilizers, Inc.	26-4815283	0.11%
Air Quality Heating & Air Conditioning, Inc.	77-0553820	0.46%
Alaska Roteq Corporation	92-0174490	1.56%
Alaska Zoo	92-0039344	0.21%
Aldworth Construction, Inc.	81-0472484	0.00%
American Steel, Inc	81-0519973	1.87%
Anchorage Daily News	37-1869203	3.53%
Anchorage Spinal Care	91-0163737	0.00%
Anchorage Sportplex dba The Dome	30-0274501	0.00%
Ancient and Accepted Scottish Rite Bodies of San Diego dba	95-6035851	0.00%
Angela S. Evanson, DDS, PC	30-0509846	0.30%
Angelo Capital Realty, LLC	71-0926283	0.36%
Archer Trucking, Inc.	68-0228701	0.26%
Arktis Detection Systems, Inc	81-1779301	0.00%
Atlantic State Development Corp	20-1822749	0.06%
Austin Adventures, Inc	27-3968245	0.39%
Austin-Leman Adventures, LLC	36-4376800	0.00%
Averill Hospitality PEO, LLC	82-2598703	1.15%
Avery Lopez & Associates DBA University Park Family Dental	27-1673845	0.59%
Avitus Group	81-0509024	15.93%
Avitus Group Plan Expense Account	13-1313131	0.00%
Avitus Suspense Plan	75-7575757	0.00%
A-Z Sales & Service, Inc/Blue Collar Ventures, Inc.	84-1474663	0.00%
Bailey's Furniture Outlet, Inc.	92-0146665	2.18%
Bentwood Inn, LLC	26-0198370	0.00%
Best Property Management, Inc.	36-4534050	1.53%
Big Sky Woodcrafters, Inc	81-0533686	0.03%
Billings Federal Office Building Ltd Partnership	81-0489061	0.01%
Blanchford Landscape Contractors, Inc.	81-1400042	0.20%
BMT Transport/Red Line Logistics/Trilogy Management	68-0120837	0.91%
Bomac International Corp.	91-1137661	0.59%
Brightside CMI, LLC dba Sanford Profile	82-2914717	0.00%
Brooks Brothers Cabinetry, INC	20-1747781	0.31%
Buck's T4 Hospitality, Inc.	27-4169533	0.47%
Bud's Trailer Repair, Inc.	37-1260130	0.38%
Burdick's Integration Group	82-3747965	0.19%
California Indoor Comfort, Inc.	20-8974189	0.11%
Camallergy Inc.	00-0919847	0.29%
Central Kentucky Surgery Center, LLC	37-1509373	1.11%
Charles Walter, Inc	81-0271817	0.02%
Christopher Maulik, DMD, MDS, Inc. dba Scripps Poway Orthodo	26-0260283	0.06%
Circle Rock, LLC	82-4028923	0.40%
Coastal Premier Inc.	82-4889838	0.02%
Complete Painting, Inc.	81-0462940	0.05%
Concierge Nursing Direct, Inc.	27-0224836	0.84%
Copper Creek, LLC	82-3441311	0.31%
Cornerstone Concrete, Inc.	81-0530320	0.26%
Corporate Directors Forum	33-0459645	0.45%
Cosentus LLC	83-3393137	0.11%
Creative Cabinetry Corp.	71-1030270	0.63%
Crime Scene Cleaners	51-1729937	0.01%
Curb Box Specialists, Inc	81-0517596	0.10%
Dakota Audio, Inc.	45-0433655	0.00%
Dansin, Inc.	26-0553408	0.51%
Dave Gross Enterprises Inc. & Adams Pool Specialties, Inc.	68-0427720	0.37%
Dave Shapiro dba RK Electric	26-4035786	0.04%

David S. Gilmore, DDS, MSD, Inc. dba Gilmore Orthodontics	45-2485902	0.24%
David Schillinger Constuction, Inc.	81-0427863	0.03%
Daybreak	91-0109284	0.31%
DEC Services, Inc. dba Direct Electric Co.	35-2367821	0.15%
DenaliTEK, Incorporated	92-0146463	0.83%
Diablo Orthopedic Consultants	81-1224478	0.19%
Diamond Auto Glass, Inc.	82-0462740	0.00%
Diamond B Trucking, Inc./Diamond B Oilfield Trucking, Inc.	45-0451630	2.59%
Diamond Glass Bozeman LLC	80-0782734	0.00%
Diamond Glass, LLC/Diamond Glass Great Falls, LLC	61-1582278	0.72%
Diversified Association Management, Inc.	38-3790831	0.03%
Doan & Tran, DDS, Inc dba A+ Family Dentistry	59-3805018	0.19%
Dr. Kathy Hurlburt	46-0505034	0.00%
Eco Energy Solutions, Inc.	61-1665689	0.11%
EduCare Preschool and Child Care, Inc.	81-1305919	0.32%
EmpowrU, Inc.	83-2524325	0.05%
Enhanced Communications Networks, Inc. dba Asian American	22-3558165	0.35%
Fairbanks Area Surface Transportation Planning	83-1279836	0.15%
Family Pharmacy	92-0165500	0.02%
Faribault Woolen Mill Company, LLC	45-1993636	0.55%
Ferrocrite Builders, Inc	27-2696413	0.01%
Fire & Ice Heating and Cooling Inc./Fire and Ice Graphics	47-4701942	0.02%
First Call Restoration, Inc	82-0994720	0.02%
First Call, Inc	45-2620865	0.03%
FJ Trucking, Inc.	27-2077422	0.31%
Flatirons Family Pharmacy, Inc.	46-3918553	0.06%
ForHG Inc. dba Preston Wynne	47-2207432	0.00%
Four Corners Hardware, Inc.	81-0479235	0.00%
Funeral Directors Service, Inc	46-4566730	0.00%
Fusion Sign & Design, Inc.	20-5897387	0.36%
GAPPS	81-4625437	1.06%
Gerosabren Corp Inc.	95-3761927	0.03%
Global Century Insurance Brokers Inc	41-2135118	0.90%
Go2Guys, LLC	26-1102648	0.35%
Golden Mailer, Inc.	68-0037175	0.06%
Grass Whackers, LLC	26-4580295	0.02%
Green Guard Services, Inc.	46-2843587	0.00%
H & H Equipment, Inc. dba Lewis & Lewis Computer Store	92-0121525	0.40%
Hansen Glass, Inc. / Colorado Commercial Glass, Inc.	84-1046363	0.00%
Hardcore Fitness North County, LLC	81-4482066	0.00%
Helly Hansen U.S. Inc	91-1096586	3.81%
Heritage Solar, Inc.	76-0818031	0.00%
HLJ Foods, Inc.	82-0713094	0.01%
Homes in Progress, Inc.	68-0595883	0.28%
Houston General Insurance Management Company, Inc.	20-0890144	0.84%
Hulett Bancorp	61-1595829	0.35%
I-90 Motors, Inc.	81-0540810	0.26%
Industrial Systems Consulting, LLC	51-0667158	0.68%
Innovative Solutions, LLC	27-1931534	0.06%
IRX Pharmacy, Inc. dba Kelly Drug Store	27-0473978	0.00%
J & H Office Equipment, Inc.	81-0341266	1.66%
JC Enterprises	20-8385733	0.00%
Johnson Hardware and Furniture Company, Inc.	81-0387583	0.92%
Jones Heavy Haul, Inc.	04-3813688	0.64%
Jones Water Trucks, Inc.	04-3813699	0.22%
Kalispell Golf Association, Inc.	81-0267713	0.25%
Kenai Peninsula Athletic Club, Inc.	74-3166405	0.04%
KOA CARE CAMPS, INC	86-0691641	0.08%
KR Office Interiors, Inc.	81-0381860	0.43%
La Cuna, Inc.	33-0424591	0.00%
Lake Tahoe MCFD/Dream Home Frisco dba Mountain Comfort	22-3971582	0.60%
Laudan LLC	45-4123764	0.04%
Leavitt Capital Companies, LLC	30-1011143	0.62%
Lemore Transportation, Inc. dba Royal Trucking	94-1653691	0.35%
Lion Communications, Inc.	90-0255786	0.29%
Lone Mountain Land Company, LLC	47-1347989	6.64%
Lone Mountain Land Realty, LLC	81-1152037	0.62%
Luna Gourmet Coffee & Tea Company, LLC	20-5812917	1.26%
Mad Cap Events, LLC dba Savage Race	45-0959161	0.51%
Magic City Granite Company, Inc.	20-1251441	0.15%

Marble Palace, Inc	55-0796298	2.32%
Mark Olcott, M.D., Inc. dba Mission Medical Support	81-4376359	0.43%
Marketscout Corporation	75-2902480	0.59%
Marketscout Wholesale, LLC	27-2425102	0.11%
Matanuska Towing & Recovery Inc	92-0141621	0.06%
Matrix Electric, Inc.	80-0009779	0.00%
McCrorie Heating & Cooling	51-7115808	0.00%
MCJF Insurance Services, Inc. dba Maverick Professional Ins	33-0987596	0.07%
Montana Cancer Consortium	81-0503295	0.10%
Morningstar Learning Center	20-5113402	0.14%
Morris Thompson Cultural & Visitors Center	20-1113317	0.15%
Mr. Lube, Inc.	92-0151567	0.00%
National Earth Science Teachers Association	38-2602114	0.00%
Neurological Associates of West Los Angeles	95-4165590	0.01%
Neurology Management Associates	83-0875280	0.02%
NexJen Systems, Inc.	71-0886330	0.02%
Noreen Goldwire DDS PLLC	47-5385293	0.10%
Norm's RV, Inc.	33-0783544	0.05%
Northern Services, Inc	81-0481417	0.00%
Oberon Fuels, Inc.	27-3934627	0.83%
O'Donovan Phillips, Inc. dba Big Buzz	26-4028620	0.21%
Office Tech, Inc.	92-0162117	0.02%
Omni Wellness Group, LLC	38-4056612	0.01%
Onsite Liquidators, Inc. dba Miramar Office Furniture	20-5080022	0.00%
Orchard Veterinary Medical Center, Inc.	47-5667837	0.01%
Owl, Inc.	90-0932927	0.28%
Pacific States Aviation, Inc.	94-1198426	0.39%
Paints Well with Color LLC	55-0826405	0.00%
Phillips Enviromental Products, Inc dba Clean Waste	81-0526705	0.15%
Physical Therapy In Motion LLC/Smith Physical Therapy PC	81-0499451	0.00%
Plant Devas, Inc. evanhealy Skin Care	80-0255999	0.29%
Poplar Resources LLC	20-8144049	0.91%
Post Frame Specialists, Inc.	26-4150842	0.01%
Powell Equipment, Inc	83-0257710	0.00%
PowerPhysics, Inc	33-0944247	0.00%
Pro Cut Lawn & Landscape, Inc.	84-1662527	0.04%
Pro Insulation, Inc.	20-4812813	0.00%
Proficient Technologies, Inc.	81-4052711	0.10%
Quality Image Publishing	92-0169823	0.00%
Quality Landscape Seeding, Inc.	81-0526024	0.01%
Quality Truck Repair, Inc	81-0538859	0.34%
Rasmussen Concrete Contractors, Inc.	81-0538974	0.00%
Real Estate Systems	83-0270386	0.00%
Reclamation LLC	94-3241485	0.00%
Red Oxx Manufacturing Inc.	81-0494595	0.04%
REJIMUS, INC.	45-2845645	0.73%
Reliance Premium Finance, Inc.	81-2844364	0.13%
Ressler Enterprises, Inc.	45-0455433	0.00%
Ridler Care Source, LLC	45-4862499	0.03%
Rimrock Art & Frame, LLC	90-0141766	0.07%
Robanda International, Inc. and World Amenities, Inc.	33-0814850	1.52%
Rodney Z. Wong, MD Inc.	20-0919084	0.58%
Roger T. Tran, DDS, INC dba A+ Dentistry Family Dentistry	27-0026260	0.47%
Room 214, Inc.	20-4465500	1.00%
Rose Creek Inc. dba Prairie Cabinets	81-0497514	0.00%
RTB House Inc	82-1821301	2.46%
Sajo Management Group, LLC	27-0110815	0.07%
San Diego Athena dba Athena San Diego	26-1656541	0.00%
Santoro Transportation, Inc.	32-0287895	0.26%
Schroeder Contracting, Inc.	26-2917622	0.02%
SDBW, LLC dba Debenham Properties	87-0733445	0.39%
SDY Management, LLC	84-1849814	0.35%
Sheridan Custom Stone, LLC	46-3086567	0.66%
SMW, Inc.	20-8112914	0.00%
SOL Transportation, Inc.	20-8650032	0.36%
Solubit, Inc.	45-0536427	0.78%
South Bay Pediatric Dental Group	20-8894917	0.51%
Specialty Truck & Auto, Inc.	92-0146928	0.28%
Spectrum Interior Design, Inc.	30-0718086	0.00%
Spin Global, LLC	47-3458706	0.50%

Spine and Sports Surgery Center LLC	46-1141188	0.23%
Stacey N. Miller, DDS, PLLC	20-3586895	0.02%
Steel Solutions, LLC	45-3123357	0.08%
Steele & Steele of Wyoming, Inc.	46-0396729	0.07%
Storage Etc. Property Management, LLC	95-4779787	0.72%
Subway of Alaska	92-0135465	0.00%
Summit County Builders Association, Inc.	84-1266065	0.02%
Summit National Bank	83-0265089	0.85%
Summit Surgery Center, LLC	81-0536068	0.67%
Supreme Air Systems, Inc	77-0517940	0.02%
Temecula Valley Winery Management, LLC + Other Entities	26-3667475	1.24%
TGC Auto	92-0082412	0.00%
The Apartment Association of Greater Orlando, Inc.	23-7179764	0.23%
The Cabinet Center	20-3755408	0.00%
The Seattle Public Library Foundation	91-1140642	0.56%
Thinc Shop dba Hi-Line Service & Hydraulics	46-4595420	0.00%
Tieszen Chiropractic & Massage	20-2740628	0.00%
Towin Pharmacy, Inc.	20-3392139	0.00%
Town & Country Resources, Inc.	77-0071595	0.00%
Trinion Quality Care Services, Inc.	20-3031071	0.10%
Triurus Therapeutics, Inc.	81-3770247	0.16%
TTCL Services, LLC dba Fish Window Cleaning	27-2953347	0.01%
Tuttle Tile, Inc.	81-0539536	0.00%
UrbanBloc Inc.	46-2235616	0.10%
Vagabond America, Inc.	81-4025163	0.36%
Veritas Environmental Consulting, Inc.	46-2400494	1.16%
Vidic Drilling, Inc.	81-0506057	0.00%
VinZant Enterprises, Inc.	20-3323508	0.00%
Voegele Acquisitions Inc.	81-0535586	0.00%
VW Squared dba College Nannie & Tutors Los Gatos	47-3971716	0.00%
Waddle Trucking of Mississippi	27-1639209	0.17%
Webligo Development, LLC	56-2357500	0.00%
Weecycle Environmental Consulting, Inc.	38-3680477	0.14%
Wellspring Home Health Center	47-4611015	0.06%
William McConnell & Son, Inc.	94-2429382	0.23%
Yalp, Inc.	82-3787390	0.05%
Yuba Docs Medical Group, Inc. dba Yuba Docs Urgent Care	68-0452839	1.05%
Zenobia Therapeutic, Inc.	26-2726709	0.00%